DoD Space Planning Criteria for Health Facilities
General Administration

FUNCTION	ROOM CODES	AUTHORIZED		PLANNING RANGE/COMMENTS
		m²	nsf	

2.1.1 PURPOSE AND SCOPE:

This Chapter provides guidance for the planning of the administrative activities in DoD medical facilities. General Administration includes: Command Suite, office and office support space for key personnel, Medical Readiness, administrative support spaces, lobby areas, general staff (see definitions below) spaces, mailrooms and administrative conference rooms.

2.1.2 DEFINITIONS:

Ambulatory Health Care Center: An outpatient clinic with surgical suites providing general anesthesia surgical procedures to patients that will not stay in the facility overnight (or have a less than 24 hour stay).

Administrative Personnel: Administrative personnel are all personnel who do not counsel, diagnosis, examine or treat patients, but who do work that is essential for the accomplishment of the missions of a medical treatment facility. This does include military (assigned and borrowed), contract and civilian personnel. It does not include volunteers.

Commander: The Commander is the person in command or in charge of the unit. This is a typical designation used in Service hospitals and is equivalent to the "Commanding Officer". This title is a designation conferred by written military orders and carries legal responsibilities. If the Commander is a general officer, then he or she is referred to as the "Commanding General."

Command Suite: The location of the office of the Commander and the Commander's supporting staff.

Clinical Staff: The clinical staff is composed of those healthcare personnel who diagnose or treat patients, whose profession is licensed by a professional group and whose scope of practice is subject to credentials from the medical treatment facility.

Full-Time Equivalent (FTE): A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual. This will include everyone working in the facility; military, civilian and contractor personnel.

Free Standing Clinic: An outpatient clinic, which occupies a building or part of a building, but is not physically located with a hospital or medical center. This designation includes a clinic building with ambulatory surgery services.

General Administration: Administrative functions include: The office of the Commander and the Commander's immediate staff, Nursing Administration, Resource Management (Comptroller functions), Personnel, Readiness (Air Force = Medical Readiness, Army = Plans, Training, Mobilization and Security and Navy = Plans, Operations, Medical Intelligence). General administrative staff also includes administrative personnel (clerks, secretaries, administrator and anyone whose primary responsibilities are administrative in nature (not clinical)) who work in any department, section or service of a medical treatment facility.

Hospital: A healthcare facility, which includes surgical suites and inpatient services to patients who are admitted for more than a 24-hour stay. A hospital will also normally contain clinics, which provide ambulatory patient services to patients who are not admitted as an inpatient.

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Key Personnel: The following key leadership positions in each Service are normally located within the Command Suite. This list is a sample of the most common key personnel by Service. This is not inclusive of all positions. It is the responsibility of each Service to determine their key personnel per staff document.

ARMY	NAVY	AIR FORCE
Commander	Commander	Commander
Deputy Commander for Administration	Officer in Charge	Deputy Commander
Deputy Commander for Clinical Service	Deputy Commander	Squadron Commander
	Director of Nursing	Administrator
Director of Nursing or Chief Nurse	Director of Surgery	Chief Nurse
Troop Commander	Director of Medical	Chief Hospital Services
Troop Command Sgt. Major	Director of Administration	Senior Enlisted Advisor
Command Sergeant. Major	Director of Ancillary Services	First Sergeant
	Command Master Chief	

Medical Center: A medical center is a Service designation for a type of hospital. Generally, medical centers have a Graduate Medical Education (GME) mission.

Medical Treatment Facility (MTF): Any Army, Navy or Air Force fixed structure where DoD healthcare beneficiaries are provided with healthcare or preventive medicine services.

Noncommissioned Officer In Charge (NCOIC), Leading Chief Petty Officer (LCPO), Leading Petty Officer (LPO): These individuals are the senior enlisted person who typically has responsibility of overseeing other enlisted personnel in a unit. Usually, there is one per department or area requiring a private office for counseling.

Office: A private office is an enclosed room outfitted with either standard furniture (Room Code OFA01) or systems furniture (Room Code OFA02). An administrative cubicle is within an open room and is constructed out of system furniture (Room Code OFA03).

Tricare Regional Office (TRO): This office is responsible for administering a TRICARE Health Service Region. The TRO may also be the Commander of a major medical facility located in the area.   The office functions as the focal point for health services and collaborates with the other military treatment facility commanders within the region to develop an integrated plan for the delivery of healthcare for beneficiaries.

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Personnel Equivalents: Use this chart to determine officer or officer equivalents.

Military Grade Group	Senior Executive Service	Merit Pay Employee	General Schedule	Wages System
O-7 though O-10	SES-1 through SES-6		GS-16 through GS-18	
O6		GM-15	GS-15	
O-5		GM-13 and GM-14	GS-13 through GS 14	WS-14 through WS-19 WL-15 and Production Support Equivalents
O-4			GS-12	
O-3			GS-10 and GS-11	WS-8 through WS-12 WL-6 through WL-14 WG-12 through WG-15 and Product support Equivalents
O-2; W-3 and W-4			GS-8 and GS-9	
O-1; W-1 and W-2			GS-7	
E-7 through E-9			GS-6	WS-1 through WS-7 WL-1 through WL-5 WG-9 through WG-11
E-5 and E-6			GS-5	
E-4			GS-4	WG-1 through WG-8
E-1 through E-3			GS-1 through GS-3	

Note: O = Officer; W = Warrant Officer; E = Enlisted; GM = General Management (civilian); WS = Wage Supervisor; WL = Wage Leader; WG = Wage Grade

2.1.3 POLICIES:

Auditoriums: An auditorium sized to seat 300, will be programmed into each medical center. Auditoriums will not normally be programmed in clinics. Separate validation is required for facilities other than medical centers.

Conference Rooms: Each separate health facility will have a minimum of one conference room in the area of the Commander. Medical centers will have a minimum of two conference rooms in the area of the Command Suite. All departments (including administrative departments) that include eight or more officers or officer equivalents (contract or civil service) will be provided a conference room. Conference rooms may be shared between clinics, and they may be shared between departments.

Classrooms: Classrooms will be programmed in all freestanding clinics and hospitals for continuing education, staff computer systems training and patient education. Each freestanding clinic will be provided with one classroom and if required, one computer training room. Each hospital will be programmed with one classroom and one computer training room. Medical Centers will be programmed with a minimum of two classrooms and two computer training rooms.

File storage: Normal file storage is provided as part of the furniture for each individual workstation (one file drawer minimum). Additional file storage is provided for with lateral file cabinets. For rooms where additional file storage is required, add 10 nsf for each file cabinet. Secured file storage for classified working documents should be placed in an occupied room and not placed in a file storage room, with the exception of the Secure Storage room in Medical Readiness.

Offices, Key Personnel: Key personnel, as identified in paragraph 2.1.2 of this Chapter will be provided with private offices of the size stated in paragraph 2.1.5, Space Criteria.

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Offices, Private: With the exception of the office provided for "Key Personnel," all other private offices will be 120 net square feet as stated in paragraph 2.1.5, Space Criteria. Private offices will be provided to following personnel:

> a) Staff who must meet with patients/customers on a regular basis and hold private consultations/discussion.
> b) The senior officer and enlisted member of a department.
> c) Staff who supervise others and must hold frequent, private counseling sessions with their junior staff. This does not include staff who supervise a very small number of people, and who would only occasionally need private counseling space. These staff can use available conference rooms or other private areas for their infrequent counseling needs
> d) Any personnel who interview or counsel patients with patient privacy concerns.

Office, Non-Private or Shared Space: Personnel, who require office space, but not a private office, will be provided space in a shared office. Non-private or shared office space will be programmed at 60 net square feet per occupant.

2.1.4 PROGRAM DATA REQUIRED:

What is the projected rank of the Commander (i.e. 03, 04, 05, 06, 07, or 08)?
How many Key personnel require an executive office? See Chapter 2.1 (General Administration), Section 2.1.2, Key Personnel Chart.
How many additional Command personnel (other than Key Personnel) require a private office?
How many Command personnel require a dedicated cubicle?
How many executive secretaries will work in the Command Section?
Is there a separate Command Suite receptionist?
Total number of FTEs working on peak shift. **Note:** This information is used to calculate the number of Command Staff Toilets and the size of the Staff Lounge.
Will there be vending machines in the staff lounge?
How many cubicles are required the Center Correspondence Distribution Center?
Will the facility have a Medical Readiness function?
How many private offices are required in Medical Readiness?
How many cubicles are required in Medical Readiness?
How many personnel will require mobility equipment or TA-50 storage?
Will the facility have a Personnel function?
How many private offices are required in Personnel? Do not include Department Chief, NCOIC/LCPO, LPO, secretary, Chief, Military Personnel; Chief, Civilian Personnel; or Chief, Patient Personnel.
How many dedicated cubicles are required in Personnel?
Will there be a Chief of Military Personnel in this facility?
Will there be a Chief of Civilian Personnel in this facility?
Will there be a Chief of Patient Personnel in this facility?

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2.1.4 PROGRAM DATA REQUIRED: Continued

Will there be a Comptroller function?
How many FTE Efficiency Review officers are required in the Comptroller Office?
How many FTE Quality Assurance officers are required in the Comptroller Office?
How many FTE Budget Analysts are required in the Comptroller Office?
How many FTE Program Analysts are required in the Comptroller Office?
How many FTE Management Analysts are required in the Comptroller Office?
How many private offices are required in the Comptroller Section? Do not count Comptroller, NCOIC/LCPO/LPO, Efficiency Review Officer, Quality Assurance Officer, Budget Analyst, Program Analyst or Management Analyst.
How many dedicated cubicles are required in the Comptroller Section?
How many FTEs are projected in Main Distribution, Medical Readiness, Personnel and Comptroller Sections? Note: This information is used to calculate the number of Staff Toilets.

Note to Programmer: Each of the Military Services has structured their healthcare organizations differently. Even within a Service (Army, Navy or Air Force), there may be considerable variety in the way a healthcare unit is organized. Additionally, the Services use different titles and in many cases the responsibilities, of what may seem to be equivalent titles, may differ (Deputy Command Administration and Administrator). It is important for the Programmer to understand the Clinic Concept of Operations and the organizational structure of the specific medical treatment facility, which he or she is programming. The "Command Suite" is a good example of the need for the Programmer to understand the Clinic Concept of Operations. In some organizations, the MTF's Key Personnel are located in the Command Suite, especially in smaller facilities. In other organizations, especially larger ones, the Key Personnel are the heads of departments with a number of subordinates. In such cases, the Clinic Concept of Operations may dictate that the Key Personnel are not located in the "Command Suite," but instead are located within their department.

NOTE: GP indicates that a guideplate exists for that particular Room Code.

2.1.5 SPACE CRITERIA:

2.1.5.1 COMMAND SUITE: (in Hospitals, Medical Centers or Freestanding Clinics)

FUNCTION	ROOM CODES	m²	nsf	PLANNING RANGE/COMMENTS
Commander Use authorized rank of Commander as opposed to actual rank of person in position.	OFC01	18.58	200	O-3 Commander of a Freestanding Clinic (does not include toilet).
	OFC01	22.30	240	O-4 Commander of a Comprehensive Healthcare Clinic (does not include toilet).
	OFC02	27.87	250	O-5 Commander (includes closet).
	OFC03	29.73	270	O-6 or higher Commander (includes and closet).
Toilet	TLTU1	4.65	50	Authorized for O-5 or higher Commanders.
Key Personnel, executive office (Clinic)	OFM01	13.01	140	Per projected Key Personnel requiring an executive office (see chart of Key Personnel in paragraph 2.1.2).
Key Personnel, executive office (Hospital)	OFM02	14.86	160	Per projected Key Personnel requiring an executive office (see chart of Key Personnel in paragraph 2.1.2).

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Key Personnel, executive office (Medical Center)	OFM03	16.72	180	Per projected Key Personnel requiring an executive office (see chart of Key Personnel in paragraph 2.1.2).
Private Office for other than Key Personnel	OFA01	11.15	120	Private Office, Standard Furniture. Per projected FTE (for personnel other than those listed in Chart of Key Personnel in paragraph 2.1.2).
	OFA02	11.15	120	Private Office, Systems Furniture. Per projected FTE (for personnel other than those listed in Chart of Key Personnel in paragraph 2.1.2).
Administrative Cubicle	OFA03	5.57	60	Cubicle, Systems Furniture. Per projected FTE requiring a dedicated work space but not a private office.
Executive Secretary with Visitor Waiting	SEC02	11.15	120	Per projected FTE executive secretary in the Command Section (see Chart of Key Personnel in paragraph 2.1.2).
Copy Room	RPR01	11.15	120	Location for Command Suite copy machine, fax machine, central printer, file cabinet (unsecured) and supplies.
Command Suite Receptionist with Visitor Waiting	SEC02	16.72	180	Per projected FTE. One per Command Suite with a general officer commanding. Waiting area is five seats plus one handicapped seat.
Conference Room, Commander's	CRC01	27.87	300	One per Freestanding Clinic or an Ambulatory Surgery Center.
Conference Room, Commander's	CRC01	37.16	400	One per Hospital.
Conference Rooms, Commander's	CRC01	37.16	400	Two conference rooms per Command Suite of a Medical Center - one at 400 and one at 600 nsf. Note: A 400 nsf conference room can seat approximately 20; a 600 nsf conference room can seat approximately 50 (not all seated at the conference table).
	CRC01	55.74	600	
Auditorium	AUD01	260.12	2800	One per Medical Center. 300 seats at 8 nsf per seat and 15 seats at 25 nsf for handicap. Includes 200 nsf for lectern/stage. Special study required for larger requirements.
Projector Booth	AVB01	11.15	120	One per auditorium.
Command Staff Lounge (GP)	SL001	13.01	140	Minimum, if at least 10 FTEs on peak shift. Add 5 nsf for each peak shift FTE over 10. Maximum size is 300 nsf without vending machines and 320 nsf if vending machines are included.
Command Staff Toilet	TLTU1	4.65	50	Minimum, for total Command Suite staff of at least 15. For total staff greater than 15, provide two toilets.
Command Suite Storage	SRS01	5.57	60	One per Command Suite.
Command Suite Kitchen	FSNP1	5.57	60	One per Hospital or Medical Center Command Suite.

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2.1.5.2 MAIN DISTRIBUTION: (in a Freestanding Clinic, Hospital, or Medical Center)				

FUNCTION	ROOM CODES	m²	nsf	PLANNING RANGE/COMMENTS
Correspondence, Distribution Area	MRMB1	5.57	60	In a Freestanding Clinic.
		11.15	120	In a Hospital.
		16.72	180	In a Medical Center.
Correspondence, Receiving, Sorting Area	MRRS1	5.57	60	In a Freestanding Clinic.
		11.15	120	In a Hospital or Medical Center.
Administrative Cubicle	OFA03	5.57	60	Per projected administrative FTE.

FUNCTION	ROOM CODES	m²	nsf	PLANNING RANGE/COMMENTS
2.1.5.3 MEDICAL READINESS (in a Freestanding Clinic, Hospital, or Medical Center)				

FUNCTION	ROOM CODES	m²	nsf	PLANNING RANGE/COMMENTS
Secure Storage Room	SSS01	5.57	60	For secure files and/or safe.
Field Equipment Storage	SRS01	11.15	120	Minimum. For Air Force mobility bags, Army TA-50 and Navy mobilization gear (unit items of issue i.e., gas mask, etc.) Add 2 nsf for each individual requiring such storage. This can be co-located in the Logistics warehouse.
Weapons Room			varies	Special justification.
Private Office	OFA01	11.15	120	Private Office, Standard Furniture. See Policies, paragraph 2.1.3.
	OFA02			Private Office, Systems Furniture.
Administrative Cubicle	OFA03	5.57	60	Cubicle, Systems Furniture. One per FTE requiring a dedicated work space but not a private office.
Emergency Operations Center (EOC) or a Medical Control Center (MCC).	CROP1	18.58	200	One per Freestanding Clinic, if special justification provided (only MTF on installation).
		27.87	300	One per Hospital.
		37.16	400	One per Medical Center.
Storage area	SRS01	2.78	30	Can be part of EOC. For dedicated storage, including a cabinet for communications equipment and maps.

2.1.5.4 Administrative Support Spaces (in a Freestanding Clinics, Hospital or Medical Center):

Administrative functions/positions can be found in almost all elements of the organization of military healthcare facilities, for example, a secretary or an administrator in the Department of Surgery. The space criteria for these administrative support elements are the same and are consolidated in this Chapter of the criteria.

2.1.5.4.1 Space for Administrative Personnel: There are areas for functions, which are common for administrative functions within the General Administration Department i.e. Personnel, TRICARE, etc. Each of the above paragraphs (paragraphs 2.1.5.2 thru 2.1.5.8) may be one person or may be an entire department with numerous administrative personnel. If there are numerous administrative FTEs in a section or department, then use the following sizing data. An understanding of the Clinic Concept of Operations and the specific organization chart is essential as noted in paragraph 2.1.4.

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2.1.5.4.1 GENERAL ADMINISTRATIVE PERSONNEL SPACES

FUNCTION	ROOM CODES	m²	nsf	PLANNING RANGE/COMMENTS
Private Office for other than Key Personnel	OFA01	11.15	120	Private Office, Standard Furniture. Per projected FTE. See Policies, paragraph 2.1.3.
	OFA02	11.15	120	Private Office, Systems Furniture. Per projected FTE. See Policies, paragraph 2.1.3.
NCOIC/LCPO/LPO	OFA01 OFA02	11.15	120	Per projected FTE.
Administrative Cubicle	OFA03	5.57	60	Cubicle, Systems Furniture. Per projected FTE requiring a dedicated work space but not a private office.
Secretary with Visitor Waiting	SEC01	11.15	120	Per projected FTE.

2.1.5.4.2 Common Administrative Space. These are areas for functions, which are common to each of the above sections or departments and to other clinical and support departments in a health facility. In these cases, common support areas can be shared when the section or department size justifies sharing.

2.1.5.4.2 COMMON ADMINISTRATIVE SPACE (May be shared)

FUNCTION	ROOM CODES	m²	nsf	PLANNING RANGE/COMMENTS
File Storage Room	FILE1	5.57	60	Maximum of 100 nsf when additional space is required.
Copy Room	RPR01	9.29	100	Location for copy machine, fax machine, central printer, file cabinets (unsecured) and supplies. For use by this department only.
Copy Room, High Volume	RPR02	11.15	120	Provide one per Ambulatory Healthcare Center, Hospital or Medical Center.
Conference Room within Administrative Departments (GP – CRA01)	CRA01	23.23	250	Provide one per department with between 8 and 12 FTE officers or officer equivalent personnel. **Note**: Departments with less than eight officers or officer equivalent need to share this conference room with one or more other departments until there are a combined minimum of eight officers. See Chart for Personnel Equivalents, paragraph 2.1.2..
	CRA02	27.87	300	Provide one per department or combination of departments with 13 to 16 FTE officers or officer equivalents.
	CRA03	37.16	400	Provide per department or combination of departments with more than 16 FTE officer equivalents.
Storage Room	SRS01	5.57	60	One per department.
Staff Toilet	TLTU1	4.65	50	Provide one if there are less than 10 staff in the department. For staffing greater than 10 provide 2 unisex toilets.

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2.1.5.4.2 COMMON ADMINISTRATIVE SPACE: Continued (May be shared)

FUNCTION	ROOM CODES	AUTHORIZED		PLANNING RANGE/COMMENTS
Staff Lounge (GP)	SL001	13.0	140	Minimum 140 nsf for 10 FTEs on peak shift. Add 5 nsf for each peak shift FTE over 10. Maximum size is 300 nsf without vending machines and 320 nsf if vending machines are included.